



**Mayor Mike Spano**

Vincent Pici, P.E., M.P.A.  
Commissioner

**CITY OF YONKERS**

**DEPARTMENT OF HOUSING AND BUILDINGS**

87 Nepperhan Avenue, 5th Floor  
Yonkers, NY 10701

Building Tel. 914.377.6500  
Fax 914.377.6521

Housing Tel. 914.377.6536  
Fax 914.377.6496

## APPLICATION FOR FENCE PERMIT

**FILING FEE:** \$100 Plus \$15.00 per \$1,000 of estimated cost or part thereof)

### Property Information:

Property Location: House No. \_\_\_\_\_ Street Name \_\_\_\_\_

Property Owner: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Daytime (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned requests that a permit be issued to perform the installation described herein and more fully described in the specifications and plans accompanying this application.. Such work shall conform with all applicable provisions of the Building Code, Building Zone Ordinance and other ordinances of the

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### Submission Requirements:

Submit full size site plan or survey showing location of fence on lot, height of fence (if not uniform, specify varying height), and fence material.

FENCE LOCATION (1)	FENCE TYPE (2)	TOTAL HEIGHT (3)	TOTAL LENGTH (4)

- (1) Fence Location: Front Yard, Side Yard, Rear Yard, etc. to correspond with submitted site plans.  
(2) Fence Type: Stockade, picket, chain link, etc.  
(3) Fence Height: Total height to uppermost portion of fence panel (not including posts)  
(4) Total Length: Total developed length of fence in any particular location.

Is an in ground swimming pool located on the premises? ( )Yes ( )No If Yes: Location \_\_\_\_\_

Swimming pool enclosure must meet the requirements of Appendix G of the Residential Code or Chapter 31 of the New York State Building Code.

ESTIMATED COST: \$ \_\_\_\_\_ FEE: \$ \_\_\_\_\_ (\$15.00 PER \$1,000 OF ESTIMATED COST OF PART THEREOF)

**COMPLETE ALL CONTRACTOR INFORMATION ON PAGE 2**



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**Contractor Information**

Company Name: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_